

# IOWA BOARD OF PHARMACY

400 S.W. Eighth Street, Suite E

Des Moines, IA 50309-4688

515/281-5944 Voice

Website: [www.state.ia.us/ibpe](http://www.state.ia.us/ibpe)

515/281-4609 Fax

## ORDER FORM – PRINTED LISTS OR MAILING LABELS

**Printed** name and address lists of persons or businesses currently licensed or registered by the Iowa Board of Pharmacy are available as follows. Each list is **printed** alphabetically by name. The information included for each listed licensee or registrant is:

Name (if an individual, name is formatted Last First Middle, not separated by commas)

Address, City, State, Zip code, County (county available for Iowa addresses only)

Telephone number

QUANTITY	DESCRIPTION OF LIST	COST EACH	TOTAL COST
	Pharmacists residing in Iowa	35.00	
	All Pharmacists licensed to practice in Iowa	49.00	
	Pharmacies located in Iowa	23.00	
	All Pharmacies licensed to provide services to patients in Iowa	24.00	
	All Iowa-registered pharmacist-interns	24.00	
	All Iowa-registered pharmacy technicians	45.00	
	Drug Wholesalers located in Iowa	20.00	
	All Drug Wholesalers licensed to do business in Iowa	21.00	

**Printed** mailing labels for persons or businesses currently licensed or registered by the Iowa Board of Pharmacy are available as follows. Labels are **printed** 30 per page in 3 columns of press-apply labels. Labels are sorted by zip code. Information included:

Name (if an individual, name is formatted Last First Middle, not separated by commas)

Address, City, State, Zip code

QUANTITY	DESCRIPTION OF LABELS	COST EACH	TOTAL COST
	Pharmacists residing in Iowa	40.00	
	All Pharmacists licensed to practice in Iowa	55.00	
	Pharmacies located in Iowa	24.00	
	All Pharmacies licensed to provide services to patients in Iowa	26.00	
	All Iowa-registered pharmacist-interns	26.00	
	All Iowa-registered pharmacy technicians	49.00	
	Drug Wholesalers located in Iowa	20.00	
	All Drug Wholesalers licensed to do business in Iowa	22.00	

Requested list/labels will be delivered to the name and address you indicate below.

**Please include your telephone number (required).** **Lists/labels cannot be delivered via email.**

Please type or print clearly.

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**Phone No:**

Total amount enclosed: \$\_\_\_\_\_ (Payable to: Iowa Board of Pharmacy)

Questions? Contact Terry at 515/281-5944 or via E-mail at [terry.witkowski@ibpe.state.ia.us](mailto:terry.witkowski@ibpe.state.ia.us)